

APPLICATION FORM for PROJECT ELIGIBILITY Mauka & Makai Area Plan and Rules



	Application No.	
DECORDED OWNER		
RECORDED OWNER:		
Name:		
Mailing Address:		
Telephone/FAX:		
AGENT:		
Name:		
Mailing Address:		
Telephone/FAX:		
SITE:		
Street Address:		
Tax Map Key:		
Lot Size:		
Mixed-Use Zone:		
Present Use of Property and/or Buildings:		
SIGNATURE:		
SIGNATURE.		
Recorded Owners	Date	